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|                                                                                                                                 |  |                                                                                                                                                                                                                                      |  |                                                  |                                            |                                             |                           |                  |                                       |                 |  |                            |              |                       |              |                       |                        |  |        |  |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|--------------------------------------------|---------------------------------------------|---------------------------|------------------|---------------------------------------|-----------------|--|----------------------------|--------------|-----------------------|--------------|-----------------------|------------------------|--|--------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORD                                                                                     |  |                                                                                                                                                                                                                                      |  |                                                  | Application or Docket Number<br>10/554,312 |                                             | Filing Date<br>08/24/2006 |                  | <input type="checkbox"/> To be Mailed |                 |  |                            |              |                       |              |                       |                        |  |        |  |  |
| APPLICATION AS FILED – PART I                                                                                                   |  |                                                                                                                                                                                                                                      |  |                                                  | OTHER THAN<br>SMALL ENTITY                 |                                             |                           |                  |                                       |                 |  |                            |              |                       |              |                       |                        |  |        |  |  |
| (Column 1)                                                                                                                      |  | (Column 2)                                                                                                                                                                                                                           |  | SMALL ENTITY <input checked="" type="checkbox"/> |                                            | OR                                          |                           |                  | SMALL ENTITY                          |                 |  |                            |              |                       |              |                       |                        |  |        |  |  |
| FOR                                                                                                                             |  | NUMBER FILED                                                                                                                                                                                                                         |  | NUMBER EXTRA                                     |                                            | RATE (\$)                                   |                           | FEE (\$)         |                                       | RATE (\$)       |  | FEE (\$)                   |              |                       |              |                       |                        |  |        |  |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                             |  | N/A                                                                                                                                                                                                                                  |  | N/A                                              |                                            | N/A                                         |                           |                  |                                       | N/A             |  |                            |              |                       |              |                       |                        |  |        |  |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                            |  | N/A                                                                                                                                                                                                                                  |  | N/A                                              |                                            | N/A                                         |                           |                  |                                       | N/A             |  |                            |              |                       |              |                       |                        |  |        |  |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                       |  | N/A                                                                                                                                                                                                                                  |  | N/A                                              |                                            | N/A                                         |                           |                  |                                       | N/A             |  |                            |              |                       |              |                       |                        |  |        |  |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))                                                                                                |  | minus 20 =                                                                                                                                                                                                                           |  | *                                                |                                            | X \$ =                                      |                           |                  |                                       | X \$ =          |  |                            |              |                       |              |                       |                        |  |        |  |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                          |  | minus 3 =                                                                                                                                                                                                                            |  | *                                                |                                            | X \$ =                                      |                           |                  |                                       | X \$ =          |  |                            |              |                       |              |                       |                        |  |        |  |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                               |  | <p>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> |  |                                                  |                                            |                                             |                           |                  |                                       |                 |  |                            |              |                       |              |                       |                        |  |        |  |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                      |  |                                                                                                                                                                                                                                      |  |                                                  |                                            |                                             |                           |                  |                                       |                 |  |                            |              |                       |              |                       |                        |  |        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                       |  |                                                                                                                                                                                                                                      |  |                                                  |                                            |                                             |                           |                  |                                       |                 |  | TOTAL                      |              | TOTAL                 |              |                       |                        |  |        |  |  |
| APPLICATION AS AMENDED – PART II                                                                                                |  |                                                                                                                                                                                                                                      |  |                                                  | OTHER THAN<br>SMALL ENTITY                 |                                             |                           |                  |                                       | OR              |  |                            |              |                       | SMALL ENTITY |                       |                        |  |        |  |  |
| AMENDMENT                                                                                                                       |  | (Column 1)                                                                                                                                                                                                                           |  | (Column 2)                                       |                                            | (Column 3)                                  |                           | SMALL ENTITY     |                                       | OR              |  |                            | SMALL ENTITY |                       |              |                       |                        |  |        |  |  |
|                                                                                                                                 |  | 04/08/2010                                                                                                                                                                                                                           |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT        |                                            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                           | PRESENT<br>EXTRA |                                       | RATE (\$)       |  | ADDITIONAL<br>FEE (\$)     |              | RATE (\$)             |              |                       | ADDITIONAL<br>FEE (\$) |  |        |  |  |
|                                                                                                                                 |  | Total (37 CFR<br>1.16(i))                                                                                                                                                                                                            |  | * 18                                             |                                            | Minus                                       |                           | ** 20            |                                       | = 0             |  | X \$26 =                   |              | 0                     |              | OR                    |                        |  | X \$ = |  |  |
|                                                                                                                                 |  | Independent<br>(37 CFR 1.16(h))                                                                                                                                                                                                      |  | * 2                                              |                                            | Minus                                       |                           | ***3             |                                       | = 0             |  | X \$110 =                  |              | 0                     |              | OR                    |                        |  | X \$ = |  |  |
|                                                                                                                                 |  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                       |  |                                                  |                                            |                                             |                           |                  |                                       |                 |  |                            |              |                       |              | OR                    |                        |  |        |  |  |
|                                                                                                                                 |  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                             |  |                                                  |                                            |                                             |                           |                  |                                       |                 |  |                            |              |                       |              | OR                    |                        |  |        |  |  |
|                                                                                                                                 |  | TOTAL<br>ADD'L<br>FEE                                                                                                                                                                                                                |  |                                                  |                                            |                                             |                           |                  |                                       |                 |  |                            |              | 0                     |              | TOTAL<br>ADD'L<br>FEE |                        |  |        |  |  |
|                                                                                                                                 |  | AMENDMENT                                                                                                                                                                                                                            |  | (Column 1)                                       |                                            | (Column 2)                                  |                           | (Column 3)       |                                       | RATE (\$)       |  | ADDITIONAL<br>FEE (\$)     |              | RATE (\$)             |              |                       | ADDITIONAL<br>FEE (\$) |  |        |  |  |
|                                                                                                                                 |  |                                                                                                                                                                                                                                      |  | Total (37 CFR<br>1.16(i))                        |                                            | * * * * *                                   |                           | Minus            |                                       | ** ** ** * *    |  | = = = = =                  |              | X \$ =                |              | OR                    |                        |  | X \$ = |  |  |
|                                                                                                                                 |  |                                                                                                                                                                                                                                      |  | Independent<br>(37 CFR 1.16(h))                  |                                            | * * * * *                                   |                           | Minus            |                                       | *** *** *** * * |  | = = = = =                  |              | X \$ =                |              | OR                    |                        |  | X \$ = |  |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                  |  |                                                                                                                                                                                                                                      |  |                                                  |                                            |                                             |                           |                  |                                       |                 |  |                            |              |                       |              | OR                    |                        |  |        |  |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                        |  |                                                                                                                                                                                                                                      |  |                                                  |                                            |                                             |                           |                  |                                       |                 |  |                            |              |                       |              | OR                    |                        |  |        |  |  |
| TOTAL<br>ADD'L<br>FEE                                                                                                           |  |                                                                                                                                                                                                                                      |  |                                                  |                                            |                                             |                           |                  |                                       |                 |  | 0                          |              | TOTAL<br>ADD'L<br>FEE |              |                       |                        |  |        |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                           |  |                                                                                                                                                                                                                                      |  |                                                  |                                            |                                             |                           |                  |                                       |                 |  | Legal Instrument Examiner: |              |                       |              |                       |                        |  |        |  |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".                                       |  |                                                                                                                                                                                                                                      |  |                                                  |                                            |                                             |                           |                  |                                       |                 |  | /ANNETTE SMITH/            |              |                       |              |                       |                        |  |        |  |  |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".                                        |  |                                                                                                                                                                                                                                      |  |                                                  |                                            |                                             |                           |                  |                                       |                 |  |                            |              |                       |              |                       |                        |  |        |  |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                                                                                                                                                                                                                                      |  |                                                  |                                            |                                             |                           |                  |                                       |                 |  |                            |              |                       |              |                       |                        |  |        |  |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

If the "Highest Number Previously Paid For" in THIS STATE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**Legal Instrument Examiner:  
/ANNETTE SMITH/**